



March 5, 2017

Joint Committee on Ways and Means Subcommittee on Human Services
Senator Elizabeth Steiner Hayward, S-215
Representative Dan Rayfield, H-286
900 Court Street, NE
Salem, Oregon 97301

RE: HB 5026, relating to the financial administration of the Oregon Health Authority

Dear Co-Chairs Senator Steiner Hayward and Representative Rayfield and Members of the Committee:

I am the Public Health Division Manager for Lane County and I am writing today to provide the perspective from one local health department on current challenges and likely effects of reductions to the budget of the Oregon Health Authority- Public Health Division now under consideration as part of the HB 5026 budget process.

In 2016, part of Public Health Modernization efforts, local health departments across the state and the OHA Public Health Division conducted a comprehensive assessment of the state's public health system and defined the gap between the current system and a modern system. The question we were asked to answer was, "What would it take to bring Oregon's public health system into the 21st century?" That was a forward looking question, a question that acknowledges that, as times have changed, so too have our most pressing health challenges. Infectious diseases such as TB and influenza are still with us, to be sure, but the diseases that are the most common and costly are chronic diseases – heart disease, diabetes, cancer. Preventable diseases and conditions such as these account for over 75% of US health care costs. For health system transformation in Oregon to be successful, we need proactive health departments whose primary focus is prevention.

For over 30 years, the science of prevention has grown and, as a field, Public Health has learned how to partner with health care, use data, engage communities and implement science-based programs and policies to optimize the health of our population. The role that local health departments have the potential to assume has been described as Community Chief Health Strategist . One example of a prevention-oriented intervention with a strong record of positive outcomes being implemented by some local health departments, including in Lane County, is the Nurse Family Partnership home visiting program. NFP has been demonstrated to improve maternal employment and school readiness and reduce childhood injuries and subsequent births. What the recent public health system assessment made clear, however, is that many health departments in Oregon are a long way from assuming the role of Community Chief Health Strategist and, in fact, in some cases are not now able to provide basic public health protections for all their residents. Reductions would certainly exacerbate that challenge.

As you consider the 2017-2019 budget for OHA, please consider the implications of reductions on local health departments and the health of Oregonians. We have just started on this path to bring the public health system forward. Any cuts and, in fact, failure to fund modernization will keep our focus narrow and limit us to responding primarily to immediate threats. In Lane County recently, we have seen dramatic increases in HIV and syphilis. In 2016, we had 57 cases of syphilis, 23 of whom were women. Compare that with the 5 cases we had in 2010, an increase of over 1000%. The four nurses in our Communicable Diseases and Immunizations program serve a county of over 350,000 people across 4,500 square miles with a dozen incorporated cities and dozens more unincorporated communities. The time and effort involved in the investigation and control of these diseases, including partner identification and follow-up, is substantial and can easily exceed existing resources.

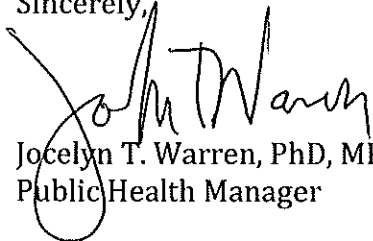
Lane County also saw its first cases of mumps in several years. While the numbers are small, the risk is not. Our high vaccine exclusion rate puts us at elevated risk for a larger outbreak. What can we do to increase vaccination rates?

- Outreach to schools and parent organizations.
- Local media campaign targeting the populations at greatest risk.
- Partner with providers to institute reminder and recall systems or include client incentives.
- Expand access to vaccinations in other settings such as WIC and through our nurse home visiting programs.

The truth is we can do very little, not because there is nothing to be done but because we don't have the resources or staff.

Historically, progress in public health has been responsible for huge gains in life expectancy – the average lifespan of people in the US has been extended by 25 years since 1900 by advances in public health. However, life expectancy in the US is far lower than in other developed countries and dipped in 2015 for the first time since 1993. Now is the time to strengthen the infrastructure and capacity of public health so we are resilient and able to support the optimal health and wellness of all Oregonians.

Sincerely,



Jocelyn T. Warren, PhD, MPH
Public Health Manager